



**Department of Veterans Affairs
Office of Inspector General**

Office of Healthcare Inspections

Report No. 13-00026-24

**Community Based Outpatient
Clinic Reviews
at
James H. Quillen VA Medical Center
Mountain Home, TN**

December 5, 2013

Washington, DC 20420

Why We Did This Review

The VA OIG is undertaking a systematic review of the VHA's CBOCs to assess whether CBOCs are operated in a manner that provides veterans with consistent, safe, high-quality health care.

The Veterans' Health Care Eligibility Reform Act of 1996 was enacted to equip VA with ways to provide veterans with medically needed care in a more equitable and cost-effective manner. As a result, VHA expanded the Ambulatory and Primary Care Services to include CBOCs located throughout the United States. CBOCs were established to provide more convenient access to care for currently enrolled users and to improve access opportunities within existing resources for eligible veterans not currently served.

Veterans are required to receive one standard of care at all VHA health care facilities. Care at CBOCs needs to be consistent, safe, and of high quality, regardless of model (VA-staffed or contract). CBOCs are expected to comply with all relevant VA policies and procedures, including those related to quality, patient safety, and performance.

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Glossary

C&P	credentialing and privileging
CBOC	community based outpatient clinic
CDC	Centers for Disease Control and Prevention
EHR	electronic health record
EOC	environment of care
FPPE	Focused Professional Practice Evaluation
FY	fiscal year
MH	Mental Health
NC	noncompliant
NCP	National Center for Health Promotion and Disease Prevention
OIG	Office of Inspector General
VAMC	VA Medical Center
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network
WH	women's health

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Executive Summary

Purpose: We evaluated select activities to assess whether the CBOCs operated in a manner that provides veterans with consistent, safe, high-quality health care.

We conducted an onsite inspection of the CBOCs during the week of September 23, 2013.

The review covered the following topic areas:

- WH
- Vaccinations
- C&P
- EOC
- Emergency Management

For the WH and vaccinations topics, EHR reviews were performed for patients who were randomly selected from all CBOCs assigned to the respective parent facilities. The C&P, EOC, and emergency management onsite inspections were only conducted at the randomly selected CBOCs (see Table 1).

VISN	Facility	CBOC Name	Location
9	James H. Quillen VAMC	Morristown	Morristown, TN
		Rogersville	Rogersville, TN
Table 1. Sites Inspected			

Review Results: We made recommendations in two review areas (WH and EOC).

Recommendations: The VISN and Facility Directors, in conjunction with the respective CBOC managers, should take appropriate actions to:

- Ensure that patients with cervical cancer screening results are notified of results within the defined timeframe and that notification is documented in the EHR.
- Ensure the Morristown CBOC installs signage to identify the location of fire extinguishers.
- Ensure the Rogersville CBOC positions examination tables to provide for patient privacy.

Comments

The VISN and Facility Directors agreed with the CBOC review findings and recommendations and provided acceptable improvement plans. (See Appendixes A-B, pages 11–14, for the full text of the Directors’ comments.) We will follow up on the planned actions until they are completed.

A handwritten signature in black ink that reads "John D. Daigh, Jr., M.D." The signature is written in a cursive style.

JOHN D. DAIGH, JR., M.D.
Assistant Inspector General for
Healthcare Inspections

Objectives and Scope

Objectives

- Evaluate whether CBOCs comply with selected VHA requirements regarding the provision of cervical cancer screening, results reporting, and WH liaisons.
- Evaluate whether CBOCs properly provided selected vaccinations to veterans according to CDC guidelines and VHA recommendations.
- Determine whether CBOC providers are appropriately credentialed and privileged in accordance with VHA Handbook 1100.19.¹
- Determine whether CBOCs are in compliance with standards of operations according to VHA policy in the areas of environmental safety and emergency planning.²

Scope and Methodology

Scope

We reviewed selected clinical and administrative activities to evaluate compliance with requirements related to patient care quality and the EOC. In performing the reviews, we assessed clinical and administrative records as well as completed onsite inspections at randomly selected sites. Additionally, we interviewed managers and employees. The review covered the following five activities:

- WH
- Vaccinations
- C&P
- EOC
- Emergency Management

Methodology

To evaluate the quality of care provided to veterans at CBOCs, we conducted EHR reviews for the WH and vaccinations topic areas. For WH, the EHR reviews consisted of a random sample of 50 women veterans (23–64 years of age). For vaccinations, the EHR reviews consisted of random samples of 75 veterans (all ages) and 75 additional veterans (65 and older), unless fewer patients were available, for the tetanus and

¹ VHA Handbook 1100.19, *Credentialing and Privileging*, November 14, 2008.

² VHA Handbook 1006.1, *Planning and Activating Community-Based Outpatient Clinics*, May 19, 2004.

pneumococcal reviews, respectively. The study populations consisted of patients from all CBOCs assigned to the parent facility.³

The C&P, EOC, and emergency management onsite inspections were only conducted at the randomly selected CBOCs. Two CBOCs were randomly selected from the 56 sampled parent facilities, with sampling probabilities proportional to the numbers of CBOCs eligible to be inspected within each of the parent facilities.⁴

In this report, we make recommendations for improvement. Recommendations pertain to issues that are significant enough to be monitored by the OIG until corrective actions are implemented.

We conducted the inspection in accordance with *Quality Standards for Inspection and Evaluation* published by the Council of the Inspectors General on Integrity and Efficiency.

³ Includes all CBOCs in operation before October 1, 2011.

⁴ Includes 96 CBOCs in operation before October 1, 2011, that had 500 or more unique enrollees.

CBOC Profiles

To evaluate the quality of care provided to veterans at CBOCs, we designed reviews with an EHR component to capture data for patients enrolled at all of the CBOCs under the parent facility's oversight.⁵ The table below provides information relative to each of the CBOCs under the oversight of the respective parent facility.

VISN	Parent Facility	CBOC Name	Locality ⁶	Uniques, FY 2012 ⁷	Visits, FY 2012 ⁷	CBOC Size ⁸
9	James H. Quillen VAMC	Bristol (Bristol, VA)	Rural	3,429	14,927	Mid-size
		Knoxville (Knoxville, TN)	Urban	16,299	114,166	Very Large
		Morristown (Morristown, TN)	Urban	2,304	10,133	Mid-Size
		Norton (Norton, VA)	Rural	2,209	14,606	Mid-Size
		Rogersville (Rogersville, TN)	Rural	1,115	5,462	Small

Table 2. CBOC Profiles

⁵ Includes all CBOCs in operation before October 1, 2011.

⁶ <http://vaww.pssg.med.va.gov/>

⁷ <http://vssc.med.va.gov>

⁸ Based on the number of unique patients seen as defined by VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics*, September 11, 2008, the size of the CBOC facility is categorized as very large (>10,000), large (5,000-10,000), mid-size (1,500-5,000), or small (<1,500).

WH and Vaccination EHR Reviews Results and Recommendations

WH

Cervical cancer is the second most common cancer in women worldwide.⁹ Each year, approximately 12,000 women in the United States are diagnosed with cervical cancer.¹⁰ The first step of care is screening women for cervical cancer with the Papanicolaou test or “Pap” test. With timely screening, diagnosis, notification, and treatment, the cancer is highly preventable and associated with long survival and good quality of life.

VHA policy outlines specific requirements that must be met by facilities that provide services for women veterans.¹¹ We reviewed EHRs, meeting minutes and other relevant documents, and interviewed key WH employees. Table 3 shows the areas reviewed for this topic. The review element marked as NC needed improvement. Details regarding the finding follow the table.

NC	Areas Reviewed
	Cervical cancer screening results were entered into the patient’s EHR.
	The ordering VHA provider or surrogate was notified of results within the defined timeframe.
X	Patients were notified of results within the defined timeframe.
	Each CBOC has an appointed WH Liaison.
	There is evidence that the CBOC has processes in place to ensure that WH care needs are addressed.
Table 3. WH	

There were 26 patients who received a cervical cancer screening at the James H. Quillen VAMC’s CBOCs.

Patient Notification of Normal Cervical Cancer Screening Results. We reviewed 26 EHRs of patients who had normal cervical cancer screening results and determined that 3 patients were not notified of results within the required 14 days from the date the pathology report became available.

⁹ World Health Organization, *Comprehensive Cervical Cancer Prevention and Control: A Healthier Future for Girls and Women*, Retrieved (4/25/2013): <http://www.who.int/reproductivehealth/topics/cancers/en/index.html>.

¹⁰ U.S. Cancer Statistics Working Group, *United States Cancer Statistics: 1999-2008 Incidence and Mortality Web-based report*.

¹¹ VHA Handbook 1330.01, *Health Care Services for Women Veterans*, May 21, 2010.

Recommendation

1. We recommended that managers ensure that patients are notified of cervical cancer screening results within the defined timeframe and that notification is documented in the EHR.

Vaccinations

The VHA NCP was established in 1995. The NCP establishes and monitors the clinical preventive services offered to veterans, which includes the administration of vaccines.¹² The NCP provides best practices guidance on the administration of vaccines for veterans. The CDC states that although vaccine-preventable disease levels are at or near record lows, many adults are under-immunized, missing opportunities to protect themselves against tetanus and pneumococcal diseases.

Adults should receive a tetanus vaccine every 10 years. At the age of 65, individuals who have never had a pneumococcal vaccination should receive one. For individuals 65 and older who have received a prior pneumococcal vaccination, one-time revaccination is recommended if they were vaccinated 5 or more years previously and were less than 65 years of age at the time of the first vaccination.

We reviewed documentation of selected vaccine administrations and interviewed key personnel. Table 4 shows the areas reviewed for this topic.

NC	Areas Reviewed
	Staff screened patients for the tetanus vaccination.
	Staff administered the tetanus vaccine when indicated.
	Staff screened patients for the pneumococcal vaccination.
	Staff administered the pneumococcal vaccine when indicated.
	Staff properly documented vaccine administration.
	Managers developed a prioritization plan for the potential occurrence of vaccine shortages.
Table 4. Vaccinations	

Generally the CBOCs assigned to the parent facility were compliant with the review areas; therefore, we made no recommendations.

¹² VHA Handbook 1120.05, *Coordination and Development of Clinical Preventive Services*, October 13, 2009.

Onsite Reviews Results and Recommendations

CBOC Characteristics

We formulated a list of CBOC characteristics that includes identifiers and descriptive information for the randomly selected CBOCs (see Table 5).

	Morristown	Rogersville
VISN	9	9
Parent Facility	James H. Quillen VAMC	James H. Quillen VAMC
Types of Providers	Clinical Pharmacist Licensed Clinical Social Worker Physician Assistant Nurse Practitioner Primary Care Physician	Primary Care Physician
Number of MH Uniques, FY 2012	283	67
Number of MH Visits, FY 2012	1,429	327
MH Services Onsite	Yes	Yes
Specialty Care Services Onsite	WH	WH
Ancillary Services Provided Onsite	Electrocardiogram Laboratory	Electrocardiogram Laboratory
Tele-Health Services	MH MOVE ¹³ Retinal Imaging Care Coordination Home Telehealth	MH MOVE Care Coordination Home Telehealth
Table 5. Characteristics		

¹³ VHA Handbook 1120.01, *MOVE! Weight Management Program for Veterans*, March 31, 2011.

C&P

We reviewed C&P folders, scopes of practice, meeting minutes, and VetPro information and interviewed senior managers to determine whether facilities had consistent processes to ensure that providers complied with applicable requirements as defined by VHA policy.¹⁴ Table 6 shows the areas reviewed for this topic.

NC	Areas Reviewed
	Each provider's license was unrestricted.
New Provider	
	Efforts were made to obtain verification of clinical privileges currently or most recently held at other institutions.
	FPPE was initiated.
	Timeframe for the FPPE was clearly documented.
	The FPPE outlined the criteria monitored.
	The FPPE was implemented on first clinical start day.
	The FPPE results were reported to the medical staff's Executive Committee.
Additional New Privilege	
	Prior to the start of a new privilege, criteria for the FPPE were developed.
	There was evidence that the provider was educated about FPPE prior to its initiation.
	FPPE results were reported to the medical staff's Executive Committee.
FPPE for Performance	
	The FPPE included criteria developed for evaluation of the practitioners when issues affecting the provision of safe, high-quality care were identified.
	A timeframe for the FPPE was clearly documented.
	There was evidence that the provider was educated about FPPE prior to its initiation.
	FPPE results were reported to the medical staff's Executive Committee.
Privileges and Scopes of Practice	
	The Service Chief, Credentialing Board, and/or medical staff's Executive Committee list documents reviewed and the rationale for conclusions reached for granting licensed independent practitioner privileges.
	Privileges granted to providers were setting, service, and provider specific.

¹⁴ VHA Handbook 1100.19.

NC	Areas Reviewed (continued)
	The determination to continue current privileges was based in part on results of Ongoing Professional Practice Evaluation activities.
Table 6. C&P	

Both CBOCs were compliant with the review areas; therefore, we made no recommendations.

EOC and Emergency Management

EOC

To evaluate the EOC, we inspected patient care areas for cleanliness, safety, infection control, and general maintenance. We reviewed relevant documents and interviewed key employees and managers. Table 7 shows the areas reviewed for this topic. The CBOCs identified as NC needed improvement. Details regarding the findings follow the table.

NC	Areas Reviewed
	The CBOC was Americans with Disabilities Act-compliant, including: parking, ramps, door widths, door hardware, restrooms, and counters.
	The CBOC was well maintained (e.g., ceiling tiles clean and in good repair, walls without holes, etc.).
	The CBOC was clean (walls, floors, and equipment are clean).
	Material safety data sheets were readily available to staff.
	The patient care area was safe.
	Access to fire alarms and fire extinguishers was unobstructed.
	Fire extinguishers were visually inspected monthly.
	Exit signs were visible from any direction.
	There was evidence of fire drills occurring at least annually.
Morristown	Fire extinguishers were easily identifiable.
	There was evidence of an annual fire and safety inspection.
	There was an alarm system or panic button installed in high-risk areas as identified by the vulnerability risk assessment.
	The CBOC had a process to identify expired medications.
	Medications were secured from unauthorized access.
Rogersville	Privacy was maintained.
	Patients' personally identifiable information was secured and protected.
	Laboratory specimens were transported securely to prevent unauthorized access.
	Staff used two patient identifiers for blood drawing procedures.
	Information technology security rules were adhered to.

NC	Areas Reviewed (continued)
	There was alcohol hand wash or a soap dispenser and sink available in each examination room.
	Sharps containers were less than 3/4 full.
	Safety needle devices were available for staff use (e.g., lancets, injection needles, phlebotomy needles).
	The CBOC was included in facility-wide EOC activities.
Table 7. EOC	

Fire Extinguishers. The National Fire Protection Association Standard for Portable Fire Extinguishers requires identification of fire extinguisher locations when they are obscured from view.¹⁵ The Morristown CBOC had no signage identifying the location of two fire extinguishers.

Patient Privacy. The Joint Commission requires that patients' right to privacy be respected.¹⁶ The Rogersville CBOC placed examination tables with the feet facing the entry door.

Recommendations

2. We recommended that fire extinguisher signage is installed at the Morristown CBOC.
3. We recommended that the facility ensures the exam tables are positioned so that patient privacy is respected at the Rogersville CBOC.

Emergency Management

VHA policy requires each CBOC to have a local policy or standard operating procedure defining how medical and MH emergencies are handled.¹⁷ Table 8 shows the areas reviewed for this topic.

NC	Areas Reviewed
	There was a local medical emergency management plan for this CBOC.
	The staff articulated the procedural steps of the medical emergency plan.
	The CBOC had an automated external defibrillator onsite for cardiac emergencies.
	There was a local MH emergency management plan for this CBOC.
	The staff articulated the procedural steps of the MH emergency plan.
Table 8. Emergency Management	

¹⁵ National Fire Protection Association, Standard for Portable Fire Extinguishers, 10.6.1.3.3.1.

¹⁶ The Joint Commission Hospital Accreditation Program Manual 2009, Edition, Standard RI.01.01.01 (EP7)

¹⁷ VHA Handbook 1006.1.

Both CBOCs were compliant with the review areas; therefore, we made no recommendations.

VISN 9 Director Comments**Department of
Veterans Affairs****Memorandum**

Date: November 8, 2013

From: Director, VISN 9 (10N9)

Subject: **CBOC Reviews at James H. Quillen VAMC**

To: Director, Bay Pines Office of Healthcare Inspections (54SP)
Acting Director, Management Review Service (VHA 10AR
MRS OIG CAP CBOC)

1. I concur with the findings and recommendations of this Office of Inspector General Community Based Outpatient Clinic Review of the James H. Quillen VA Medical Center, Mountain Home, Tennessee, as well as the action plan developed by the facility.
2. If you have any questions or need additional information from the Network, please do not hesitate to contact Joe Schoeck, Staff Assistant to the Network Director, at 615-695-2205 or me at 615-695-2206.

(original signed by:)

John E. Patrick

James H. Quillen VAMC Director Comments**Department of
Veterans Affairs****Memorandum**

Date: November 6, 2013
From: Director (621/00), James H. Quillen VAMC
Subject: **CBOC Reviews at James H. Quillen VAMC**
To: Director, VISN 9 (10N9)

1. On behalf of the James H. Quillen VA Medical Center, Mountain Home, Tennessee, I concur with the findings and recommendations of this Office of Inspector General report. We had already been actively working to improve or enhance these areas and welcome the “fresh eyes” perspective provided by this report.
2. Included herein is an outline of improvement actions taken, in progress, or planned in response to these findings. We believe these changes will further enhance key systems and processes at our medical center.

(original signed by:)

Charlene S. Ehret, FACHE

Comments to OIG's Report

The following Director's comments are submitted in response to the recommendations in the OIG report:

OIG Recommendations

1. We recommended that managers ensure that patients are notified of cervical cancer screening results within the defined timeframe and that notification is documented in the EHR.

Concur

Target date for completion: January 1, 2014

The Women's Health Program Manager (WHPM) is closely tracking each cervical cancer screening results and monitoring notification. If a patient is not notified within 5-7 days with documentation in the electronic health record (EHR), a phone call is made to the provider requesting notification of Veteran with follow-up. Ongoing monitoring will occur by the WHPM and be reported at the Women's Health Committee with target of 100 percent compliance.

2. We recommended that fire extinguisher signage is installed at the Morristown CBOC.

Concur

Target date for completion: November 15, 2013

The fire extinguisher signage was immediately ordered and has been received. It will be installed the week of November 8, 2013, at the Morristown CBOC. The Fire Safety Specialist will document inspection and provide validation of proper signage and placement to the Chief, Quality Management.

3. We recommended that the facility ensures the exam tables are positioned so that patient privacy is respected at the Rogersville CBOC.

Concur

Target date for completion: October 28, 2013

All three examination tables utilized at the Rogersville CBOC were reviewed for their position to provide patient privacy. The three (100 percent) examination tables were positioned properly to provide patient privacy. The Rogersville CBOC staff have been re-educated on the requirement to ensure examination tables remain positioned to

provide patient privacy. The checking of proper placement of examination tables to maintain patient privacy has been added to the CBOC Monthly Safety Checklist.

OIG Contact and Staff Acknowledgments

Contact	For more information about this report, please contact the OIG at (202) 461-4720.
Onsite Contributors	Darlene Conde-Nadeau, MSN, ARNP, Team Leader Charles H. Cook, MHA Karen McGoff-Yost, LCSW, MSW Carol Torczon, MSN, ACNP
Other Contributors	Shirley Carlile, BA Lin Clegg, PhD Marnette Dhooghe, MS Matt Frazier, MPH Jackelinne Melendez, MPA Jennifer Reed, RN, MSHI Victor Rhee, MHS Patrick Smith, M. Stat Marilyn Stones, BS Mary Toy, RN, MSN Jarvis Yu, MS

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